



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: All Pharmacy and Medical Providers Participating in the
Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 12/4/07

SUBJECT: Changes to Enhanced Prospective Drug Utilization Review Programs
(Dose Optimization and Maximum Quantity Limits) and Modifications
to the Virginia Medicaid Preferred Drug List (PDL) Program Effective
January 1, 2008

The purpose of this memorandum is to inform you of changes to the enhanced prospective drug utilization review (ProDUR) programs and modifications to Virginia Medicaid's PDL as well as changes related to its criteria for prior authorization.

CHANGES TO ENHANCED ProDUR PROGRAMS

In July 2007, Virginia Medicaid implemented expanded ProDUR programs for dose optimization and maximum quantity limits. To date, pharmacy point of sale edits for both programs have only created messages to the provider rather than a claim denial. **Effective January 1, 2008, claim denials will be made at point of sale for both dose optimization and maximum quantity limits when dispensing is outside of guidelines.**

Dose Optimization

The dose optimization program identifies high cost products where all strengths have the same unit cost and the standard dose is one tablet per day. By providing the highest strength daily dose, the number of units in a 34-day supply is minimized. Dose optimization edits are established for the following drugs: Abilify® (5mg, 10mg, 15mg), Concerta® (18mg, 36mg), Risperdal® (0.25mg, 0.5mg, 1mg, 2mg), Strattera® (10mg, 18mg), and Zyprexa® (2.5mg, 5mg, 10mg).

When dose dispensing is not optimized for these drugs, pharmacy providers receive a claim denial with an error message stating **"DOSE OPT LMT 34/MO-MD 800-932-6648"**. Prescribers may receive authorization for exceptions to dose optimization limits if established clinical criteria are met. The dose optimization prior authorization request form with required information is attached. Prior authorization requests may be submitted via phone (1-800-932-6648), fax (1-800-932-6651), or mail (First Health Services Corporation, 4300 Cox Road, Glen Allen, Virginia 23060).

Maximum Quantity Limits

Maximum quantity limits involve identifying high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly accepted clinical dosing practices. Maximum quantity limit edits are established for the following drugs (brand name with generic equivalent): Dolasetron, Aprepitant, Granisetron, Ondansetron, Naratriptan, Almotriptan, Frovatriptan, Sumatriptan, Rizatriptan, Zolmitriptan, Eletriptan, and Fentanyl. See attached listing of quantity limits by drug. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The First Health Clinical Call Center can be reached at 1-800-932-6648 to answer your questions regarding these quantity limits.

PREFERRED DRUG LIST (PDL) UPDATES – EFFECTIVE JANUARY 1, 2008

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). In the designated classes, drug products classified as non-preferred will be subject to PA. *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* Other clinical criteria may also apply for each respective drug class. There are provisions for a 72-hour supply of necessary medications so this initiative will not cause an individual to be without an appropriate and necessary drug therapy. The PDL program aims to provide clinically effective and safe drugs to its clients in a cost-effective manner. Your continued compliance and support of this program is critical to its success.

The PDL is effective for the Medicaid Fee-for-Service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization or to FAMIS enrollees.

Therapeutic drug classes in Phase I of the PDL are typically reviewed in the fall and their drug status (preferred or non-preferred) is revised on January 1st of each year. The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase I drug classes at its October 2007 meeting and some changes were made to the prior authorization criteria for these classes. The therapeutic classes included in the annual review of PDL Phase I were:

- HMG CoA Reductase Inhibitors (Statins)
- Lipotropics Non-Statins: Fibric Acid
- Lipotropics Non-Statins: Niacin Derivatives
- Phosphodiesterase 5 Inhibitor for Pulmonary Arterial Hypertension
- Angiotensin Receptor Blockers (ARBs)
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors)
- Beta Blockers
- Calcium Channel Blockers
- Benzodiazepine Sedative Hypnotics
- Other Sedative Hypnotics
- Proton Pump Inhibitors (PPIs)
- Histamine 2 Receptor Antagonists (H-2RA)
- Urinary Tract Antispasmodics
- Electrolyte Depleters
- Topical Immunomodulators
- Inhaled Corticosteroids

- Nasal Steroids
- Beta Adrenergics
- COPD- Anticholinergics
- Second Generation Antihistamines (LSAs)

The P&T Committee also recently evaluated three new drugs, at its October 2007 meeting, within PDL Phase II drug classes (Cephalosporins, Antifungals for Onychomycosis, and Antihyperkinesis/CNS Stimulants). Finally, the P&T Committee deemed two new drug classes (Hepatitis C Treatment Agents and Growth Hormones) as “PDL eligible” and they are now included with PDL Phase I. Therefore, based on the review of PDL Phase I drug classes, new drugs in PDL Phase II, and two new PDL drug classes, the additions and changes to the PDL, effective January 1, 2008, are as follows:

ADDITIONS TO PREFERRED STATUS

Cefprozil, Cefprozil Suspension (Cephalosporins – 2ND generation)

Flovent Diskus[®] (Inhaled Corticosteroids)

Fluticasone Propionate (Nasal Steroids)

Pravastatin Sodium (Statins)

Zolpidem Tartrate (Sedative Hypnotics)

Carvedilol (Beta Blockers)

Terbinafine (Oral Antifungals for Onychomycosis)

Pegasys, Pegasys Conv. Pack, Peg-Intron, and Peg-Intron Redipen (Hepatitis C Treatment Agents)

Genotropin, Norditropin Cartridge, Nutropin AQ Cartridge, Nutropin, Nutropin AQ Vial, and Norditropin Nordiflex (Growth Hormone)

Ipratropium Bromide Solution (COPD Anticholinergics)

ADDITIONS TO NON-PREFERRED STATUS

Flonase (Nasal Steroids)

Pravachol (Statins)

Ditropan XL and Oxybutynin Chloride ER (Urinary Tract Antispasmodics)

Restoril 7.5 mg Capsule (Sedative Hypnotics)

Duoneb and Ipratropium Bromide/ Albuterol Nebs (COPD-Anticholinergics)

Coreg (Beta Blockers)

Lamisil (Oral Antifungals for Onychomycosis)

Vyvanse (Antihyperkinesis/CNS Stimulants)

Humatrope Cartridge, Saizen Vial, Tev-Tropin, Humatrope Vial, Saizen Cartridge, Omnitrope (Growth Hormone)

The revised PDL Quicklist reflecting all changes is attached and will be effective on January 1, 2008. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **A PA is required if the drug requested from one of these select therapeutic classes is not on the list.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

WEB-BASED PHARMACY PRIOR AUTHORIZATION PROCESS

On July 1, 2007, a new web-based process (“Web PA”) became available for pharmacy prior authorization processing. The Web PA provides an alternative method for submission of prior authorization requests for prescription drugs. It supplements the traditional means of phoning or faxing requests, which are still available. Some of the advantages of the Web PA process are: PA can be created online with real-time authorization in many cases; the user may check the status of the request and view the decision at their convenience; and the user may print a complete copy of the request and the decision for the patient’s record.

The Web PA process and all information exchanged are secured. To utilize this service you must register for the User Administration Console (see *Medicaid Memo* dated January 19, 2007), have Internet access, and obtain a valid First Health Services secured ID and password. The full Web PA User Guide is also available at the following web link: <https://webpa.fhsc.com/webpa> (select “HELP”). You may contact the First Health Services Web Support Call Center at (800) 241-8726 with questions or issues with the Web PA.

PDL PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient’s prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the aforementioned web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the PA form is available online at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PDL 72-HOUR-SUPPLY PROCESSING POLICY AND DISPENSING FEE PROCESS

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$4.00 dispensing fee (brand name and generic drugs) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm), there is a link, which enables providers to download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates® website.

To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.
5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."

8. Auto Update your PDA to install the “Virginia Medicaid-PDL” to your PDA.

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

DMAS PROVIDER “HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (7)



**Virginia Medicaid
DOSE OPTIMIZATION
Prior Authorization Request Form**

The intent of this initiative is to use the optimum dose of a product to fill a prescription. An example of this is to use one 10 mg Abilify tablet instead of two 5mg Abilify tablets to fill a prescription. If the quantity submitted on the claim is over 34 units for a 34-day supply then the claims will reject with an error message of "DOSE OPT LMT 34/MO-MD 800-932-6648". In order for patients to receive more than a 34-day supply for these drugs, it will be necessary for the prescriber to complete and fax or mail this prior authorization request to First Health Services Corporation. The fax number and address are listed at the bottom of this form. Please complete this form in its entirety, sign, and date below. Incomplete requests will be returned for additional information.

Below is the full list of medications restricted to 34 units per month

Brand Name	Generic Name	Limitations
Abilify [®] 5mg, 10mg, 15mg	Aripiprazole	1 tablet / daily
Concerta [®] 18mg, 36 mg	Methylphenidate	1 tablet / daily
Risperdal [®] 0.25mg, 0.5mg, 1mg, 2mg	Risperidone	1 tablet / daily
Strattera [®] 10mg, 18mg	Atomoxetine	1 tablet / daily
Zyprexa [®] 2.5mg, 5mg, 10mg	Olanzapine	1 tablet / daily

Use this form to request prior authorization for medications that are part of the Dose Optimization initiative

Prescribing physician:

Name: _____
Phone #: _____
Fax #: _____

Patient:

Name: _____
Medicaid ID #: _____
Date of Birth: _____ Sex: _____

Pharmacy (if known): _____ **Phone:** _____ **&/or FAX:** _____

Drug Requested: _____ **Strength & Frequency:** _____ **Length of therapy:** _____

Please answer the following questions, as applicable, to obtain an approval for a PA:

- Has the patient tried less frequent dosing but was not able to tolerate due to adverse effects?
If so, list the dose attempted and the failure. _____
- Does the patient dose require a quantity greater than 34 and this is the only way for the patient to get the prescribed daily dose? (i.e., Abilify 4 mg daily – would need 2 mg x 2).
Please list the dose _____
- The patient has a specific indication that requires higher than normal dosing.
Please list the specific indications _____
- Does the patient require 1 and ½ tablets (instead of using 2 different strengths)? Yes or No

- Is the patient dose in the process of being titrated? If so, please give the timeframe that the titration is expected to last. _____

Page Two
Virginia Medicaid Dose Optimization
Prior Authorization Request Form

6. Is the patient receiving Risperdal® for Schizophrenia? If so, please indicate.

7. Please indicate other reason(s) why a PA is requested.

Comments:

Prescriber Signature: _____ **Date of this request:** _____

FOR FIRST HEALTH USE

Comments: _____

Approved

Changed

Denied

Pending

MAP RPh/tech: _____

NDC: _____

Date of Decisions: _____

Submit requests via phone, fax or mail to:

**First Health Services Corp.
MAP Department
4300 Cox Road
Glen Allen, VA 23060**

**Tel: 1-800-932-6648
FAX: 1-800-932-6651**

MAXIMUM QUANTITY LIMITS

The following are maximum quantities per fill for select drug classes. All products are PRN; days supply should follow physician directions. The First Health Clinical Call Center can be reached at **1-800-932-6648** to answer questions regarding these quantity limits.

Brand Name	Generic Name	Qty Limit/Rx	Recommended Dosage*
Anti-emetic Agents			
Anzemet 100mg tab	Dolasetron	10 tabs	100 mg 1 hour prior to chemo
Anzemet 50 mg tab		10 tabs	
Emend 40mg tab	Aprepitant	4 tabs	125mg 1 hour prior to chemo, then 80mg daily days 2 and 3
Emend 80mg		2 tabs	
Emend 125mg tab		1 tabs	
Emend Tripack		1 pack	
Kytril 1mg tab	Granisetron	10 tabs	2mg daily on chemo days
Zofran 4mg tab	Ondansetron	15 tabs	24mg daily on chemo days in divided doses. Multi-day single dose 24mg has not been studied.
Zofran 8mg tab		15 tabs	
Zofran ODT 4mg tab		15 tabs	
Zofran ODT 8mg tab		15 tabs	
Zofran 24mg tab		1 tab	
Anti-migraine Agents			
Amerge 1mg tab	Naratriptan	9 tabs	1 to 2.5 mg ORALLY; may repeat once after 4 hr, MAX 5 mg/24 hr
Amerge 2.5mg tab		9 tabs	
Axert 6.25mg tab	Almotriptan	6 tabs	6.25 to 12.5 mg ORALLY, may repeat after 2 hr, MAX 2 doses/24 hr
Axert 12.5mg tab		6 tabs	
Frova 2.5mg tab	Frovatriptan	12 tabs	2.5 mg ORALLY, may repeat after 2 hr, MAX 7.5 mg/24 hr
Imitrex 50 mg tab	Sumatriptan	18 tabs	25 to 100 mg ORALLY, repeat after 2 hr, MAX 200 mg/24 hr
Imitrex 100mg tab		9 tabs	
Imitrex 25mg tab		18 tabs	
Maxalt 5mg tab	Rizatriptan	12 tabs	5 to 10 mg ORALLY; may repeat after 2 hr, MAX 30 mg/24 hr
Maxalt 10mg tab		12 tabs	
Maxalt-MLT 5mg tab		12 tabs	
Maxalt-MLT 10mg tab		12 tabs	
Zomig 2.5mg tab	Zolmitriptan (requires a PDL PA)	8 tabs	2.5 mg ORALLY; may repeat after 2 hr, MAX 10 mg/24 hr
Zomig ZMT 2.5 tab		8 tabs	
Zomig 5mg tab		8 tabs	
Zomig 5mg tab		8 tabs	
Relpax 20mg tab	Eletriptan (requires a PDL PA)	6 tabs	20 to 40 mg ORALLY; may repeat after 2 hr; MAX single dose 40 mg; MAX daily dose 80 mg
Relpax 40mg tab		6 tabs	
Narcotics			
Actiq 200mcg lozenge	Fentanyl	136 lozenges	4 lozenges per day
Actiq 200mcg lozenge		136 lozenges	
Actiq 400mcg lozenge		136 lozenges	
Actiq 600mcg lozenge		136 lozenges	
Actiq 800mcg lozenge		136 lozenges	
Actiq 1200mcg lozenge		136 lozenges	
Actiq 1600mcg lozenge		136 lozenges	
Duragesic 12mcg/hr patch	Fentanyl (Generic requires PDL PA)	15 patches	1 patch every 72 hours
Duragesic 25mg/hr patch		15 patches	
Duragesic 50mcg/hr patch		15 patches	
Duragesic 75mcg/hr patch		15 patches	
Duragesic 100mcg/hr patch		15 patches	

**In addition to maximum quantity limits, some products may have prior authorization requirements*

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2008



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

Diclofenac Potassium
Diclofenac Sodium
Diflunisal
Etodolac
Etodolac SR
Fenoprofen
Flurbiprofen
Ibuprofen
Indomethacin
Indomethacin SR
Ketoprofen
Ketoprofen SR
Ketorolac
Meclofenamate Sodium
Nabumetone
Naproxen
Naproxen Sodium
Oxaprozin
Piroxicam
Sulindac
Tolmetin Sodium

COX II INHIBITORS**

Celebrex[®]**

LONG-ACTING

NARCOTICS *

Avinza[®] *
Duragesic[®] (Brand Only) *
Morphine Sulfate tablets SA[®] *
Oramorph SR[®] *

ANTIBIOTICS – ANTIINFECTIVES

ORAL ANTIFUNGALS – ONYCHOMYCOSIS

Terbinafine

CEPHALOSPORINS – 2ND & 3RD GENERATION

Cefaclor Capsule
Cefaclor ER
Cefaclor Suspension
Ceftin Suspension[®]
Cefprozil
Cefprozil Suspension
Cefuroxime
Lorabid Capsule[®]
Lorabid Suspension[®]
Ranicl[®]
Cedax Capsule[®]
Cedax[®] Suspension
Omnicef Capsules[®]
Omnicef Suspension[®]
Spectracef[®]

MACROLIDES

Azithromycin Tablet
Azithromycin Packet
Azithromycin Suspension
Clarithromycin Tablet
Clarithromycin ER
Clarithromycin Suspension
Erythrocin Stearate
Erythromycin Base
Erythromycin Ethylsuccinate
Erythromycin Estolate Suspension
Erythromycin Stearate
Erythromycin w/Sulfisoxazole

QUINOLONES – 2ND & 3RD GENERATION

Avelox[®]
Avelox ABC Pack[®]
Ciprofloxacin tablet
Ciprofloxacin suspension
Ofloxacin

ANTIVIRALS

HEPATITIS C

Pegasys
Pegasys Conv.Pack
Peg-Intron
Peg-Intron Redipen

HERPES

Acyclovir Tablets
Acyclovir Suspension
Famvir[®]
Valtrex[®]

INFLUENZA

Amantadine
Amantadine Syrup
Relenza Disk[®]
Rimantadine
Tamiflu[®]
Tamiflu Suspension[®]

ASTHMA –ALLERGY

ANTI HISTAMINES – 2ND GENERATION

Claritin Tablets OTC[®]
Claritin Tablets- Rapids OTC[®]
Claritin Syrup OTC[®]
Claritin-D 12 hr OTC[®]

Claritin-D 24hr OTC[®]

Loratadine tablet (All OTCs)

Loratadine Tab- Rapids (All OTCs)

Loratadine Syrup (All OTCs)

Loratadine D12hr (All OTCs)

Loratadine D24hr (All OTC names)

Zyrtec[®] Syrup (PA required except for children
under age 2)

BETA ADRENERGICS- SHORT ACTING

Albuterol
Alupent[®] MDI
Maxair Autohaler[®]
Proventil[®] HFA
Ventolin[®] HFA
Xopenex HFA[®]

BETA ADRENERGICS – LONG ACTING

Foradil[®]
Serevent Diskus[®]

BETA ADRENERGICS FOR NEBULIZERS

Accuneb[®]
Albuterol sulfate
Metaproterenol
Xopenex[®]

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus[®]
Advair HFA[®]

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2008



First Health Clinical Call Center
Phone: 1-800-932-6648
Fax: 1-800-932-6651

COPD

ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA[®]
Combivent MDI[®]
Ipratropium Bromide Solution
Spiriva[®]

INHALED CORTICOSTEROIDS

AeroBid[®]
AeroBid M[®]
Asmanex[®]
Azmecort[®]
Flovent HFA[®]
Flovent Diskus[®]
Pulmicort Respules[®]
QVAR[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

Flunisolide
Fluticasone
Nasacort AQ[®]
Nasonex[®]

CARDIAC MEDICATIONS

ACE INHIBITORS

Benazepril HCL
Benazepril HCL /HCTZ
Captopril
Captopril /HCTZ
Enalapril
Enalapril /HCTZ
Lisinopril
Lisinopril/HCTZ

[®] = Registered Trade name

ACE INHIBITORS/ CALCIUM CHANNEL BLOCKERS

Lotrel[®]

ANGIOTENSIN RECEPTOR ANTAGONISTS

Diovan[®]
Diovan HCT[®]
Cozaar[®]
Hyzaar[®]

BETA BLOCKERS

Acebutolol
Atenolol
Atenolol /Chlorthalidone
Betaxolol
Bisoprolol Fumarate
Bisoprolol /HCTZ
Carvedilol
Labetalol HCL
Metoprolol tartrate
Metoprolol/HCTZ
Nadolol
Pindolol
Propranolol
Propranolol Solution
Propranolol/HCTZ
Sorine[®]
Sotalol
Sotalol AF
Timolol maleate

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE

Afeditab CR[®]
Dynacirc[®] CR
Felodipine ER
Nicardipine
Nifediac CC[®]
Nifedical XL[®]
Nifedipine
Nifedipine ER
Nifedipine SA
Norvasc[®]
Plendil[®]
Sular[®]

CALCIUM CHANNEL BLOCKERS- NON-DIHYDROPYRIDINE

Cartia XT[®]
Diltia XT[®]
Diltiazem ER
Diltiazem HCL
Diltiazem XR
Taztia XT[®]
Verapamil
Verapamil SA
Verapamil 24hr pellets

LIPOTROPICS: STATINS

Advicor[®]
Altoprev[®]
Lescor[®]
Lescor XL[®]
Lovastatin[®]
Pravastatin
Simvastatin

LIPOTROPICS: CAI

Zetia[®]

LIPOTROPICS: FIBRIC ACID

Antara[®]
Gemfibrozil[®]

LIPOTROPICS: NIACIN DERIVATIVES

Niaspan[®]
Niacor[®]

PDE-5 INHIBITORS - PULMONARY HYPERTENSION**

Revatio**

CENTRAL NERVOUS SYSTEM

STIMULANTS/ADHD MEDICATIONS

Adderall XR[®]
Amphetamine Salt Combo
Concerta[®]
Dextroamphetamine Tablet
Dextroamphetamine Capsule
Dextroamphetamine Solution
Dextrostat[®]
Focalin[®]
Focalin XR[®]
Metadate CD[®]
Metadate ER[®]
Methylin Tablet[®]
Methylin Chew[®]
Methylin ER[®]
Methylin Solution[®]

* A step edit is required for this class

**Clinical Prior Authorization required

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2008



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

STIMULANTS/ADHD MEDICATIONS

(CONTINUED FROM PG 2)

Methylphenidate
Ritalin LA[®]
Strattera[®]

SEDATIVE HYPNOTIC

Chloral Hydrate Syrup
Estazolam
Flurazepam
Temazepam
Triazolam
Zolpidem Tartrate

OTHER SEDATIVE HYPNOTIC*

Rozerem[®] *

DIABETES

ORAL HYPOGLYCEMICS ALPHA-GLUCOSIDASE INH.

Glyset[®]
Precose[®]

ORAL HYPOGLYCEMICS BIGUANIDES

Metformin
Metformin ER

ORAL HYPOGLYCEMICS -BIGUANIDE COMBINATIONS

Actoplus Met[®]
Avandamet[®]
Glyburide–Metformin
Glipizide–Metformin

ORAL HYPOGLYCEMICS – MEGLITINIDES

Starlix[®]

ORAL HYPOGLYCEMICS 2ND GENERATION SULFONYLUREAS

Glimepiride
Glipizide
Glipizide ER
Glyburide
Glyburide micronized

ORAL HYPOGLYCEMICS- THIAZOLIDINEDIONES

Actos[®]
Avandia[®]

GASTROINTESTINAL HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2RA)

Ranitidine
Ranitidine Syrup
Famotidine
Zantac[®] Syrup
(No PA req. IF under age 12)

PROTON PUMP INHIBITORS*

Prilosec[®] OTC
Protonix[®] *
Omeprazole
(No PA req. IF under age 12)
Prevacid[®]
(No PA req. IF under age 12)
Prevacid Susp[®]
(No PA req. IF under age 12)
Prevacid solutab[®]
(No PA req. IF under age 12)

GENITOURINARY URINARY ANTISPASMODICS

Detrol LA[®]
Enablex[®]
Oxybutynin Tablet
Oxybutynin Syrup
Oxytrol Transdermal[®]
Sanctura[®]
VESicare[®]

OPHTHALMIC ANTIBIOTIC- QUINOLONES

Ciprofloxacin drops
Ofloxacin drops
Quixin[®]
Vigamox[®]
Zymar[®]

ANTI-HISTAMINES

Alaway OTC[®]
Elestat[®]
Ketotifen Fumerate
Optivar[®]
Pataday[®]
Patanol[®]
Zaditor OTC[®]

ANTI-INFLAMMATORY

Acular[®]
Acular LS[®]
Flurbiprofen Sodium drops
Nevanac[®]
Voltaren drops[®]
Xibrom[®]

GLAUCOMA – ALPHA-2 ADRENERGICS

Alphagan P[®]
Brimonidine Tartrate
Iopidine[®]

GLAUCOMA BETA-BLOCKERS

Betaxolol HCl
Betimol[®]
Betoptic S[®]
Carteolol HCl
Levobunolol HCl
Metipranolol
Timolol Maleate drops
Timolol Maleate Sol-Gel

GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Azopt[®]
Cosopt[®]
Trusopt[®]

GLAUCOMA – PROSTAGLANDIN ANALOGS

Lumigan[®]
Travatan[®]
Travatan Z[®]
Xalatan[®]

MAST CELL STABILIZERS

Alamast[®]
Alocril[®]
Alomide[®]
Cromolyn

® = Registered Trade name

* A step edit is required for this class

**Clinical Prior Authorization required

Within these categories, drugs
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OSTEOPOROSIS **BISPHOSPHONATES**

Actonel[®]
Fosamax Tablet[®]
Fosamax Solution[®]
Fosamax Plus D[®]

MISCELLANEOUS **ELECTROLYTE DEPLETERS**

Fosrenol[®]
Phoslo[®]
Renagel[®]

SEROTONIN RECEPTOR **AGONISTS (Tryptans)**

Imitrex Cartridge[®]
Imitrex Nasal[®]
Imitrex Pen Kit[®]
Imitrex Tablets[®]
Imitrex Vial[®]
Maxalt[®]
Maxalt-MLT[®]

TOPICAL **IMMUNOMODULATORS****

Elidel[®] **
Protopic[®] **

GROWTH HORMONE

Genotropin
Norditropin Cartridge
Nutropin AQ Cartridge
Nutropin
Nutropin AQ Vial
Norditropin Nordiflex

NOTE: Fax requests
receive a response within
24 hours. For urgent
requests, please call.

Not all medications listed
are covered by all DMAS
programs. Check
individual program
coverage. For program
drug coverage information,
visit

www.dmas.virginia.gov or
<http://virginia.fhsc.com>.